02546

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

2210

| I. PLACE OF DEATH- COUNTY | | 2. USUAL RESIDENCE | (HOME) OF DECEASE | COUNTY | |
|--|---|-----------------------------------|----------------------|-----------------|----------------------|
| Dorchester | MARYLAND | Marvla | | Dore | hester |
| CITY (If outside corporate limits, write RUF OR give nearest town) | (in this place) | OR TOWN | vienna | L and give near | rest town) |
| TOWN Vienna HOSPITAL OR | life | STREET | (If rural, give lo | cation) | |
| INSTITUTION OR STREET ADDRESS | | ADDRESS | | | |
| 3. NAME OF (First) | (Mlddle) | (Last) | 4. DATE (Mo | nth) (Da | y) (Year) |
| (Type or Print) Bessie | Richerdson | Baumgartner | OF DEATH Man | rch 2 | 4 19 51 |
| 5. SEX / 16. COLOR OR RACE | 7. SINGLE, MARRIED. | Baumgartner S. DATE OF BIRTH | 9. AGE last birthday | If under 1 year | III under 24 hrs. |
| male White. | WIDOWED, DIVORCED, (Speedly) | 4/5/1879 | 7] yrs. | Months Days | Ilours Min. |
| 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | or foreign country) | 12. CIT | TZEN OF WHAT |
| done during most of working life, even if retired) | | Ma. | | Dor | |
| Housework 13. FATHER'S NAME | same | 1 14. MOTHER'S MAIDE | N NAME | , Dore | |
| | | Flive | beth Redi | | |
| William O. Jump 15. Was Decrased Ever In U.S. Armed Force | es? I 16 SOCIAL SECURITY NO. | 17. INFORMANT AND | | | |
| (Yes, no or unknown) (If yes, give war or dates | no | Ruben Baumgar | | . Md. | |
| ipet vitto) | 18. MEDICAL CE | | | | |
| | | | | | ERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | | | UNI | BET AND DEATH |
| | Carabral Hemo | rrhage | | 6 | days |
| | Cerebral nemo | 1111060 | 9900000 | | -uay.a |
| Antecedent cause(s) | | | | | |
| Diseases or conditions, if any, (b) | Cerebral Arte | riosclerosis | BE 200 BB - 2020 | | |
| giving rise to the above cause stating the underlying cause last | | | | | |
| (c) | Hypertension | | | 4 | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing des | ath | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR | FINDINGS OF OPERATION | | | 20. | AUTOPSY? |
| isa. Dair or ordinarion | | | | v | es 🗆 No 🗆 |
| 21. ACCIDENT (Specify) PL | ACE (Home form factory street. | : (CITY OR | TOWN) (C | OUNTY) | (STATE) |
| SUICIDE OF INI | ACE (Home, farm, factory, street, office bldg., etc.) | | | | |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY O | CCUR? | | |
| OF | While at Not While Work At work | | | | |
| | | | | - | |
| 22. I hereby certify that I attended t | he deceased from 2/18 | , 1951, to3/24 | 19.51., that | I last saw t | he deceased |
| | | | | | |
| alive on 3/24 19.51 , a | ind that death occurred at (Degree or title) | ADDRESS | e causes and on the | date stated | above. ATE SIGNED |
| Signature of Car | M.D. | Cambridge, Md | | 3 | /2 4/51 |
| 23. BURIAC, CREMATION DATE THERE | | ERY OR CREMATORY | | / | (State) |
| Mary Specific Mary 8 | | | Past New M | | |
| TDATE REC'D BY LOCAL I REGISTRAR' | S SIGNATURE | 24. FUNERAL DIRECT | OR / | De , / A. | DDRESS |
| DEC | abeth W. Craft | 8.00 M | louga | 1 | - 0 |
| 0/20/01 1 2/22 | | | 1/2/est | Viale | 1 |

PLEASE

The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

| / | | | | | |
|--|--|--|-----------------------|---|---|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (| HOME) OF DECEASED | OIBNTY |
| DOT. | chester | MARYLAND | maryiand Dorchester | | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN COINERS VILLE (in this, place) | | | II UR. | rate limite, write RURAL SVILLE | and give nearest town) |
| HOSPITAL OR | | | STREET | (If rural, give loca | tion) |
| INSTITUTION OF STREET ADDRESS | (none) | | ADDRESS (nor | ne) | |
| 3. NAME OF DECEASED | (First) | (Middle) | (Last) | 1 4. DATE (Mont | th) (Day) (Year) |
| (Type or Print) | LEVIN | MITCHELL | BECKWITH | DEATH MARC | H 19 195] |
| Male | White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWEO | 12/22/1860 | 00 13 | funder I year If under 24 hrs. fonths Days Hours Min. |
| | ATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | 710, 1 | 1 12 Creens on West |
| done during most of w | orking life, even if retired) | General Offarm | Maryland | , | COUNTRY'S . A . |
| 13. FATHER'S NAM | | | 14. MOTHER'S MAIDEN | NAME | |
| | miah Beckwit | | unknown | | |
| | TER IN U.S. ARMED FORCES (If yes, give war or dates | | 17. INFORMANT AND | ADDRESS | #3 |
| unknown | service) | none | Mrs. Willard | Moore. Cam | bridge R.F.D |
| | | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR CO | NDITIONS DIRECTLY | LEADING TO DEATH | SA 1 | • | INTERVAL BETWEEN ONSET AND DEATE |
| | | Coronary | Themba | ses | 14 hours |
| Immediate | cause (a) | | J. Mon | ······ | |
| 420 Anteceden | t cause(s) | (intrinsich | rases 9. | 6. 1 | 741.0 |
| | conditions, if any, (b) | arion con | and the | lacyle | 3 |
| stating the u | nderlying cause last | | | | |
| | (c) | | | | |
| | CANT CONDITIONS ting to the death but not se or condition causing deat | · h | | | |
| | | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| - | | | | | |
| 21. ACCIDENT | | CE (Home, farm, factory, street, | (CITY OR | TOWN) (COI | UNTY) (STATE) |
| SUICIDE - | OF INJ | office bidg., etc.) | | ~ | |
| TIME (Month) | (Day) (Year) (Hour) | INJURY OCCURRED While at Not While | HOW DID INJURY OC | CUR? | |
| INJURY | m. | Work At work | | | |
| | | · · · · · · · · | and and and | 1 | |
| 22. I hereby certi | ly that I attended th | e deceased from | , 199./, to /// pv | , 192, that I | last saw the deceased |
| alive on 3// | 8 195/ an | d that death occurred at | 6 Rm. from the | causes and on the | ate stated above |
| SIGNATURE | 1 - | (Degree or title) | ADDRESS | 3// | 19/5/ DATE SIGNED |
| 1 de | gh Brown | MI | Cambridge | u 7º |) sold |
| 23. BURIAL, CREM | TION DATE THERE | OF NAME OF CEMETE | RY OR CREMATORY | LOCATION (City, town, o | or county) (State) |
| REMOVAL (Special | | 51 St. John! | | Cornersvill | e. Maryland |
| DATE REC'D BY I | | | 24. FUNERAL DIRECTO | DR | ADDRESS |
| 3/23/1951 | John & | nace, gr., n. or. | LeCompte F | uneral Serv | 100, |
| -11 | | | 100000 | - Cambridge, | Maryland |



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02548

Reg. Dist. No. 14.5a....

| 1. PLACE OF DEATH- COUNTY Dorchester MARYLAND | | | 2. USUAL RESIDENCE (HOME) OF DECEASED. | | |
|---|--|--|--|--------------------------------|---|
| | | MARYLAND | Mary | land B | orchester |
| OR give nearest | corporate limits, write RURA | L and LENGTH OF STAY | II OR | rate limits, write RURAL | |
| TOWN | Cambridge (Ru | ural) (in this place) | Town Cambri | | ral) |
| HOSPITAL OR INSTITUTION O STREET ADDRE | R RFD # 1 | | STREET ADDRESS RFD | # 1 (If rural, give loca | tion) |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Mon | th) (Day) (Year) |
| (Type or Print) | ROSA LEE | MILLS | BRANNOCK | DEATH MAR | CH 26 1951 |
| Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 9/18/1873 | 9. AGE last birthday I 77 yrs. | f under 1 year If under 24 hrs. Min. |
| | ATION (Give kind of work working life, even if retired) | 10b. Kino of Business or Industry CWN Home | Maryland | or foreign country) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAM | | CWII IIOMO | 14. MOTHER'S MAIDER | NAME | UaDaHa |
| Will | iam Mills | | Sarah Mof | fett. | |
| 15. WAS DECEASED E | VER IN U.S. ARMEO FORCES? | 1 16. SOCIAL SECURITY NO. | | ADDRESS | |
| (Yes, no or unknown) | (If yes, give war or dates of service) | none | | nnock, Camb | ridge RED #7 |
| | ind vicey | 18. MEDICAL CE | | inio on journo | Transcript III |
| I DIGELIGE OF C | ANDIMIANG DIDEAMIN I | | | 2 | INTERVAL BETWEEN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY I | | 111 | // | ONSET AND DEATH |
| Immediat | e cause (a).L | scute Con | mary Que | clusion | 6 hours |
| Diseases or | nt cause(s) conditions, if any, (b) | Bronchial | asthma | | 30 glass |
| 72 & stating the | to the shove cause underlying cause last | Mitrali | Stevasis | | 7 |
| Conditions contribu | ICANT CONDITIONS uting to the death but not use or condition causing death | | | | |
| | | INDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | 10, 17 |
| 21. ACCIDENT | | E (Home, farm, factory, street, | (CITY OR | TOWN) (CO | UNTY) (STATE) |
| SUICIDE HOMICIDE | OF INJU | | | | , |
| OF INJURY | (Day) (Year) (Hour) m. | INJURY OCCURRED While at Not While Work At work | HOW DID INJURY OF | CURT | |
| | | 3-1/4 | 1051 7-1 | 10 | |
| 22. I hereby cert | ify that I attended the | deceased from 3-16 | , 192.1., to 3.7.4. | 19.2., that I | last saw the deceased |
| olive on 3 | 24 1951 and | that death occurred at | 4 0 m from the | course and on the d | lete stated above |
| SIGNATURE | A | (Degree or title) | ADDRESS | 2/ | DATE SIGNED |
| 11 | 00. | had Q | 1 1. 1.0 | 3/- | 20/01 |
| Augs | nown | IM N (| amariage | - | ma |
| 23. BURIAL, OREM REMOVAL (Spec BURIA) | ATION DATE THEREO | | RY OR CREMATORY | | |
| Burial | 3/29/19 | 951 Dorchester | Memorial Pa | rk, Cambrid | ge, Maryland |
| DATE REC'D BY | LOCAL REGISTRAR'S | | | | |
| 3/3// | 2, 1 Dage | noce, Jr., M. oo. | Lecompte. | Funeral Ser | vice, |
| | | | | Cambridge, 1 | Maryland |



2411 N. Charles Street, Baltimore

02549

CERTIFICATE OF DEATH

Reg. Dist. No. 1.16

| CERTIFICAT | Reg. Dist. No |
|--|---|
| 1. PLACE OF DEATH. COUNTY Drehister MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY of heate |
| CITY (If our de corporate limits, write RURAL) and LENGTH OF STAY OR give nearest town. OR give nearest town. OWN Cast Lew Market Lund (in this place) | CITY (It of Reide corporate limits, write RURAL and give pearest town) OR TOWN (east New Onarke) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS ambredge, Maryland | STREET (If rural, give location) |
| 3. NAME OF DECEASED (Type or Print) Mary (Middle) Gleaner | (Last) 4. DATE (Mgnth) (Dgy) (Year) OF DEATH D 195 |
| 6. COLOR OR RACE 7. SIMPLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. yrs. Months. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done) dufing most of working life even if retired) INDUSTRY | 1. BLETHPLACE (State or foreign country) 12 CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) | 17. INFORMANT Sellers - Rephew |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 334x Antecedent cause(s) | ARTICRISSCLEROS, 6 YEAR |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work Atwork | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from | , 1950, to 3/5, 195/, that I last saw the deceased |
| alive on 3 3 , 193 and that death occurred at | 7:35 Pm., from the causes and on the date stated above. DATE SIGNED 7 MAR 5 |
| 23. BURIAL, CREMATION DATE PROMISE OF CEMETE REMOVAL (Specify) | RY OR CREMATORY EDCATION (City, town, or county) (State) Nankel Care Rew Market Dov. As |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8 1911 John Mace, J., Th. S. | 24. FUNERAL DIRECTOR LICENS ADDRESS |
| | (Vant 2 11) 2/1 / 10 / |

lly. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

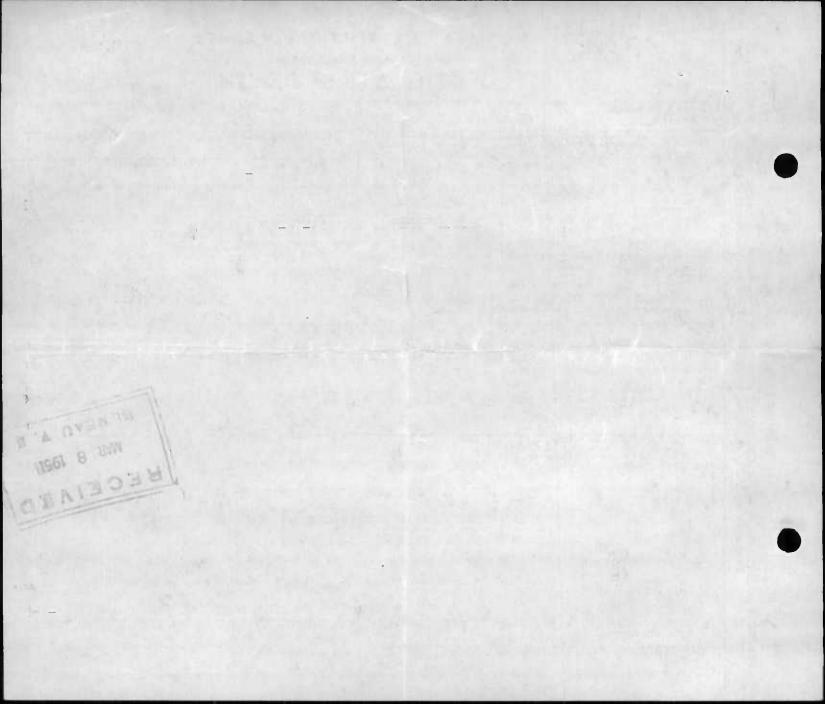


CERTIFICATE OF DEATH

02550

0/38 8

| | — Ja — — — — — Keg. Dist. No | · · · · · · · · · · · · · · · · · · · |
|---|---|--|
| I. PLACE OF DEATH. Dorchester COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | Kent |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge (in this place) | CITY (If outside corporate limits, write RURAL and give OR MILLINGTON | nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospita | STREET (If rural, give location) | |
| 3. NAME OF Clerky Hope (Type or Print) | Bryan 4. DATE (Month) OF March | (Day) (Year) 5 151 |
| f. COLOR OR RACE 7. SINGLE, MARRIED. White 8. SPECIFY, OFFICER, MARRIED. (Specify) | 8. DATE OF BIRTH73 9. AGE last birthday If under I | year If under 24 hrs Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) SCHOOL CERCIFIC INDUSTRY | Maryland | CITIZEN OF WHAT |
| John Bryan | | ast name) |
| 15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (16. SOCIAL SECURITY No. | Mrs. Dudley Moorem, Millington | ml. |
| 18. MEDICAL CE | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| cerebral hemorr | iha ma | |
| Immediate cause (a) | Tlage | 7 days |
| 20/X | | - 10 0 NO NO NO OF AAA 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Antecedent cause(s) Hypostatic pne | umonia | 5 days |
| giving rise to the above cause | | |
| stating the underlying cause last | | 7 0 |
| (c) Psychosis with | cerebrar arteriosclerosis | l year |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes 🗆 No 🖾 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. | HOW DID INJURY OCCUR? | |
| | | |
| 22. I hereby certify that I attended the deceased from Febra 27 | , 19.5], to March5., 195]., that I last sa | w the deceased |
| | | |
| alive onMarch5, 1951, and that death occurred at SIGNATURE (Degree or title) | ADDRESS and on the date sta | ted above. DATE SIGNED |
| | n Shore State Hospital, Cambridge | |
| REMINIOVAL (Specify) March 8/95/1 Chester C | RY OR CREMATORY LOCATION (City, town, or county | mo. (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | 21 SUNERAL DIRECTOR | ADDRESS |
| march 7/1951 John Mace, Jr., N. O. | 6 dward Fellour Milling & | n my |



VS. A15

The correct age

| V | ide | nc | 0 | for | change |
|---|-----|----|---|------|--------|
| | | | | Olim | |

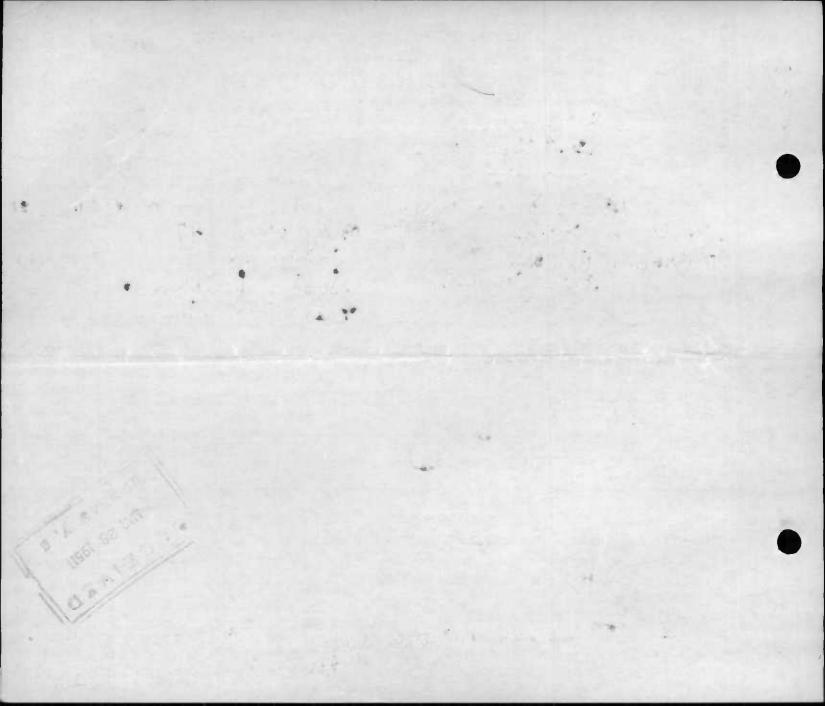
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles Street Baltimore

| WANT IA. | Charles | Du eet, | Daitimore | |
|----------|---------|---------|-----------|--|
| | | | | |

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|-----|---|------|---|-----|----|
| - 1 | 8 | 1 | 1 | 1 | н |
| 1 | ş | Fred | U | () | Ji |

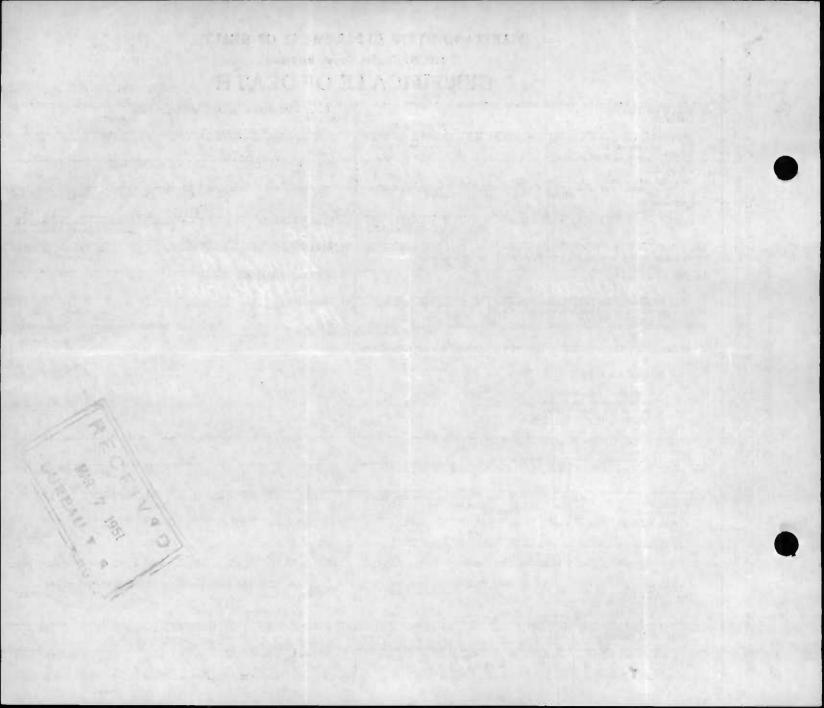
| GIMNO. G 151 MAR 30 TOTAL CERTIFICATE OF DEATH Reg. Dist. No. | 0.116 |
|--|--|
| I. PLACE OF DEATH COUNTY CITY (If outside corporate limits write BURAL and OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS LENGTH OF STAY OR STREET ADDRESS OR | chester |
| (Specify) (Specify) 10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTLEPLACE (State of foreign country) | (Day) (Year) 19 1 year If under 24 hr Days Hours Min. 2. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME 14. MOTHER'S MAIDE NAME 15. WAS DECRASED EVER IN U.S. Arkied Forces? (Yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, give war or dates of eyer) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, give war or dates of eyer) (If yes, no, or unknown) (If yes, no, or unkn | Dester) |
| Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Tubesculosis active | INTERVAL BETWEEN ONSET AND DEATH |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | M CO OT TO 11 A DAY THE OPEN THE PROPERTY OF T |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY OCCUR? While at Not While INJURY OCCUR? While At work | Yes No STATE) |
| 22. I hereby certify that I attended the deceased from | |
| 23. BURIAD CREME FON DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR | 3-24-51 ty) (State) |
| REG. 3 27 /51 John mass, N., M. S. Jesun a. Hinny | and mi |



CERTIFICATE OF DEATH

| MARILAND STATE DEP | ARTMENT OF HEALTH | 12 |
|--|---|-------------------------------------|
| 2411 N. Charles | Street, Baltimore | |
| CERTIFICAT | E OF DEATH Reg. Dist. No. | |
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT | v |
| DORCHES LES MARVIAND | med DOXC | 6 5-5 75-1 |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) (in this place) | CITY (If outside corporate limits, write RURAL and gi | ve nearest town) |
| HOSPITAL OR | TOWN LLDOKABO STREET (If rural, give location) | |
| INSTITUTION OR STREET ADDRESS 64 DORADO SHARPTOWN . RD. | ADDRESS Shunptown ELDORA | so Ra. |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) M/L DRED | (Last) 4. DATE (Month) OF DEATH Z | (Day) (Year) 2 15/ |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under Months | 1 year If under 24 hrs |
| 0a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY | 1. 10.11 | 2. CITIZEN OF WHAT COUNTRY? |
| 13. VITHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | |
| Yes, no, or unknown) (If yes, give war or dates of Morel | MRS OSCAR BEAS | out |
| 18. MEDICAL CEI | RTIFICATION | I. R |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Danks & | enles les | 1/23/36/20 |
| Immediate cause (a) | | 10001431 |
| /// Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) giving rise to the above cause | 100011100101110010111100101111111111111 | ***************************** |
| stating the underlying cause last | | |
| (c) | | 1 |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF INJURY m. While at Not While Work At work | | |
| | N 41. 5 121 | |
| 22. I hereby certify that I attended the deceased from/25 | 195/ , to War 2 , 195/ , that I last s | aw the deceased |
| alive on Mar 2 , 1951 , and that death occurred at | 24 m from the causes and on the date at | eted shows |
| SIGNATURE (Degree or trie) | ADDRESS | DATE SIGNED |
| It Stuhlman M. J. | Sheerfloom Tuo | 3/h |
| 23 RURIAL CREMATION DATE THEREOF NAME OF CEMETER | | ty) (State) |
| DATE REC'D BY LOCAL EPCAPTRAN'S SIGNATURE | MEMORIAL DIRECTOR | ADDRESS |
| REG. 3/3/5/ Charlo Harlings | Taul & Smith Startes | us i hid |
| | | |

MARGIN RESERVED FOR BINDING



VS. A15

The cor

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

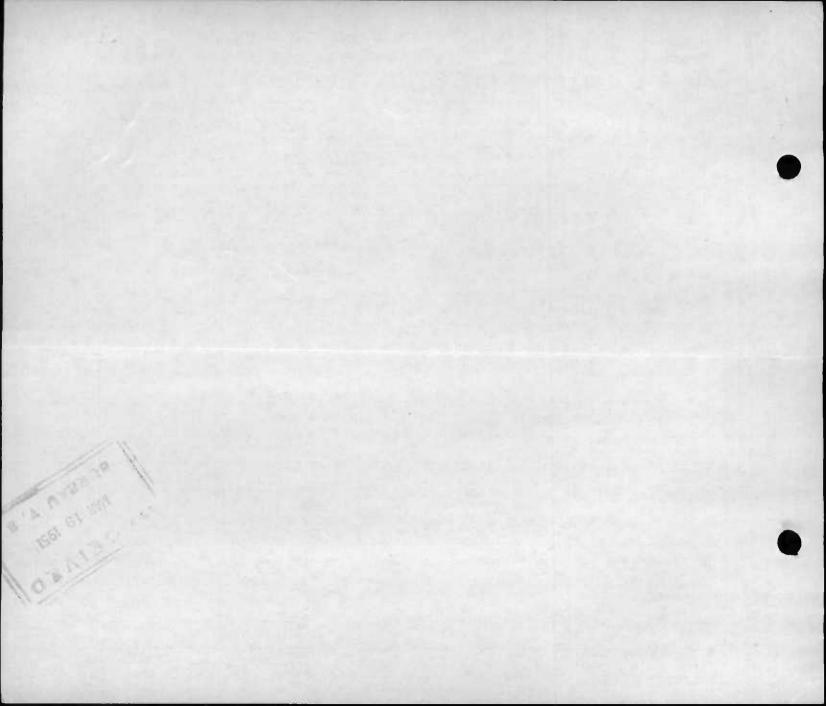
2411 N. Charles Street, Baltimore

02553

1 JI MAR 27 1951 CERTIFICATE OF DEATH G

Reg. Dist. No. 1/6

| I. PLACE OF DEATH COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT | x /) |
|---|---|--|
| 1/orchester Maryland | 1º/d/y/d/nd | 10%. |
| OR give nearest town (in this place) | CITY (If outside corporate limits, write RURAL and give | ve mearest town) |
| TOWN RUYAT - CAMOVIACE LIXE | TOWN KUral - Cambrido | e |
| HOSPITAL OR | STREET (If rural, give location) | |
| INSTITUTION OR STREET ADDRESS K.F. 1) #3 | ADDRESS N.F.D. # 3 | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Emma J. 1-1 | letcher DEATH Mar | 10 1951 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE last birthday If under | I year If under 24 hrs. |
| Female Neoro WIDOWED DIVORCED, (Specify) Vidowed | Feb 14 1861 90 91 yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on | 11. BIRTHPLACE (State or (breign country) | 2. CITIZEN OF WHAT |
| done during most of working life terms of Industry | Morchester Co. N/d | COUNTEY |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| c/ames Look | Minxy Cook | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS F D# | 3 111 |
| (Yes, no, or unknown) (If yes, give war or dates of service) | 1. H. Fanne 110 / 21. 1/h. | doe Md |
| 18. MEDICAL CER | | 107 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 1 | INTERVAL BETWEEN ONSET AND DEATH |
| | 10 0.00 | - / |
| 420 Immediate cause (at ormary | momeasio | 20 -Mouro |
| Antecedent cause(s) | 1. 1. 1. 1. P. | 74 |
| Diseases or conditions, if any, (b) | pocorales | 39lars |
| giving rise to the above cause stating the underlying cause last | 1 | |
| alenile Certi | noschuases | 54acs |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) | |
| HOMICIDE INJURY | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR! | |
| OF While at Not While INJURY m. Work At work | | |
| | | |
| 14116 | 3/10 -21 | |
| 22. I hereby certify that I attended the deceased from | , 1949, to 3/10, 1951, that I last s | aw the deceased |
| 3 1/0 ~ | 7, 1949, to 3/10, 1931, that I last s | |
| 22. I hereby certify that I attended the deceased from 1999, alive on 3 10 1951, and that death occurred at 6 (Degree or title) | / -D / | |
| alive on 3 /10 , 1951, and that death occurred at 6 | m., from the causes and on the date st | ated above. |
| alive on 3 10 , 1951, and that death occurred at (Degree or title) | ADDRESS 3/12/5 | ated above. A DATE SIGNED M |
| alive on 3 1951, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) | ADDRESS 3/12/5 | ated above. DATE SIGNED Aty) (State) |
| alive on 3 10 1951, and that death occurred at 10 (Degree or title) 3. BURIAL, CKEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3. BURIAL, CKEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3. BURIAL, CKEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3. BURIAL, CKEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ACTION (City, town, or county) A.F.D. 3 Cambr | ated above. A DATE SIGNED AND A (State) (Idee N/d) |
| alive on 3 1951, and that death occurred at 1951 (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | ADDRESS 3/12/5 | ated above. DATE SIGNED Aty) (State) |
| alive on 3 | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ACTION (City, town, or county) A.F.D. 3 Cambr | ated above. A DATE SIGNED AND A (State) (Idee N/d) |



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | teg. Dist. No | *········· |
|--|---|--|
| 1. PLACE OF DEATH. COUNTY TO THE COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | ٨ |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest toom) TOWN (in, this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN | e nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Crown Deady | STREET ADDRESS (If rural, give location) | 9, |
| 3. NAME OF DECRASED (Middle) (Type or Print) Ared Towns | Last) 4. DATE (Month) OF DEATH TOO | (Day) (Year) 19 107 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | утв. | Days Hours Min. |
| 10s. USUAL OCCOPATION (Give killd of work done during goost of working life, even if retired) 10s. Kind of Business of Industry 10s. FATHER'S NAME | | CITIZEN OF WHAT |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | If INFORMANT AND AUDRES | ما |
| (Yes, no, or unknown) (If yes, give war or dates of Bervice) 18. MEDICAL CE | minnie Jackson | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 7000 | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) | way wernoses | 8 moulho |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | +6 px = 66 + c s Labans can decidade como co-seque |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from A | 6, 1951, to March (195/, that I last so | w the deceased |
| alive on, 19, and that death occurred at SIGNATURE (Degree or title) | ADDRESS | ted above. DATE SIGNED |
| 2 BURIAL CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY, LOCATION (City, town, or county | Try -5/23/5 |
| REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | FUNEBAL DIRECTOR | ADDRESS TO |
| 3/23/1951 July mace, fr. n. od | hourist Bounes Co | earl Ind |
| | 7 8 | 120/05 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

alfreth 150 food S TO BOTH RECEIPE

02555

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

| 0 | FOR MEDICAL | LEAAMINERS | Reg. Dist. No | // |
|---|--|--|---|-------------------------------------|
| . The | 1. PLACE OF DEATH- COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (H STATE Marylar | id COUNTY | Dor. |
| fully | CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR OR parest thum) R. F. D. 2 all line of the limits of the li | CITY (If outside corpora OR TOWN HUPLOCK | te limits, write RURAL and giv | e nearest town) |
| Supply every item of information carefully write the causes of death clearly and legibly. | HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS | (If rural, give location) | |
| matio arly a | 3. NAME OF (First) (Middle) DECEASED (Type or Print) William Hum | (Last) | 4. DATE (Month) OF DEATH | (Day) (Year) 3D 1951 |
| infor th cle | 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH | 9. AGE last birthday If under | |
| of dea | done during most of working life, eyen it retyred) 10b. KIND OF BUSINESS OR INDUSTRY James | 11. BIRTHPLACE (State or | | COUNTRY) WHAT |
| auses | 13. FATHER'S NAME Junt | 14. MOTHER'S MAIDEN | nt Anow | |
| ly eve the ca | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) | 17. INFORMANT AND AL | Podson (act le | w market Red. |
| Supp | IS. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| IK. lease | Immediate cause (a) Coronary occl | usion | *************************************** | Instant |
| G IN | 430. Antecedent cause(s) Diseases or conditions, if any, (b) | | | |
| DIN | 940 giving rise to the above cause stating the underlying cause last | | | |
| WITH UNFADING INK. | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| TH (| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 4.15 | 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. | (CITY OR T | OWN) (COUNTY) | (STATE) |
| INLy | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work | HOW DID INJURY OCC | CUR? | |
| WRITE PLAINLY is especially | 22. I certify that I took charge of the remains described above, held an A obtained by shid Autopsy, Inspection or Inquiry, find that said dece from: natural causes X, accident , faicide , homicide , sIGNATURB (Decrees title) | undetermined | | DATE SIGNED |
| | Deputy Medical Examiner Dorche 23. BURIAL CREMANION DATE THEREOF NAME OF CEMETE | | OCATION (Gity, town, or equal | 31/51 (State) |
| PLEASE | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | market 6 | get New Market X | ADDRESS |
| ۵, | REG. 3/31/51 Elizabeth C. Smith | 0.13.11 | eloughhey, | _ |
| | | Hus | lock, 1 Kd | 100105 |

VS. A15A

The correct age

NIARGIN RESERVED FOR BINDING

DEGENVED VOS

2411 N. Charles Street, Baltimore

02556

CERTIFICATE OF DEATH

Reg. Dist. No. 112

| ./ | | | | | | - 3 | |
|-----------------------------|---|--|---|---|--------------|---|------------------|
| 1. PLACE OF DEATH | и• | | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | | | | |
| | chester | MARYLAND | Maryland Dorchester | | | | |
| CITY (If outside c | orporate limits, write RUR. | AL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) | | | | |
| OR give nearest | Vienna | (in this place) | OR TOWN Vienna | | | | |
| HOSPITAL OR | HOSPITAL OR | | | (If rural, give | location) | | |
| INSTITUTION OF | | | ADDRESS Rt. 1 | , Box 1 | | | |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE () | Month) | (Day) | (Year) |
| DECEASED (Type or Print) | Henretta | (Mindre) | Jackson | OF | arch | 22 | |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | 9. AGE last birthda | y If under | 1 year | If under 24 hrs. |
| Female | Negro | WIDOWED, DIVORCED, (SpecifyWidowed | 7/5/1884 | 66 утв | | Days | Hours Min. |
| 10a. USUAL OCCUP | ATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | | | CITIZI | EN OF WHAT |
| done during most of w | vorking life, even if retired) | Industry Home | | | | COUNTR | TI USA |
| 13. FATHER'S NAM | IE | Home | Maryland 14. MOTHER'S MAIDER | NAME | * | *************************************** | ODA |
| | Harry Stewart | | Margaret | Ann Stanle | 37 | | |
| 15. WAS DECRASED E | VER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | | 1 | | |
| (Yes, no, or unknown) | (If yes, give war or dates (service) | of | Mrs. Mary M. F | | Daught | er | |
| | lect vice/ | 18. MEDICAL CE | | 20 | | | |
| | | | NI III I CALLON | | | | VAL BETWEEN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | | | | ONSET | T AND DEATH |
| 7 30 . 4 | (0) | Lobar In. | | | | 6 | da |
| Immediat | e cause (*/ | | | ***** ******************************* | | | days |
| Anteceder | nt cause(s) | | | | | | |
| Diseases or | conditions, if any, (b) | | #\$ = = 7 = = = = 0 000 0 = 000 000 000 000 | # 00 dad transmid x dad x xm 0 pm x 0 x 1 mm 0 pm x 0 0 0 | | | |
| | inderlying cause last | | | | | | |
| | (e) | | | | | 1 | |
| 11. OTHER SIGNIFI | CANT CONDITIONS | | | | | | |
| related to the disea | uting to the death but not use or condition causing deat | h. Hypertensive He | art Disease | | | 1 | yr. |
| 19a. DATE OF OPE | RATION 19b. MAJOR I | FINDINGS OF OPERATION | | | | 20. A | UTOPSY? |
| | | | | | | Yes | □ No □ |
| 21. ACCIDENT SUICIDE | OF | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR | TOWN) | (COUNTY) | | STATE) |
| HOMICIDE (Month) | (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OC | CUR7 | | | |
| OF | | While at Not While | HOW BID INVOICE OF | 500161 | | | |
| INJURY | m. | Work At work | - / | | | | |
| 22. I hereby cert | ify that I attended the | e deceased from 3/19 | , 19.51 , to $3/22$ | , 19.51, tha | t I last s | aw the | deceased |
| alive on3 | /22 10 51 am | d that death occurred at | 7 De m from the | onugon and on th | na data at | need of | h a |
| SIGNATURE | A C | (Degree or title) | ADDRESS | e causes and on the | de date st | | DOVE. |
| Sidifatolia | 111 21 | | | | | | |
| Hawke | a su. all | An M.D. | 224 Pine St. | Cambridge, | Md. | 3/ | 22/51 |
| 23. BURIAL, CREM | ATION DATE THERE | OF NAME OF CEMETE | RY OR CREMATORY | LOCATION (City, to | wn, or count | (y) | (State) |
| REMOVAL (Spec | 3/26/51 | Vienna Colo | red Cemetery | Vijenna. | Md. | | |
| DATE REC'D BY | LOCAL REGISTRAR'S | SIGNATURE | 24. FUNERAL DIRECTO | OR | | | ORESS |
| REG/26/51 | Elizabeth | W. Craft | J. J. Frampt | ton & son, F | ederal | sbur | g, md. |
| | | | | | | | |

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE OF DEATH

| 50 | MARILAND STATE DEP | PARTMENT OF HEALTH | 02001 |
|--|--|---|--|
| ect 3 | CERTIFICAT | 'E OF DEATH | |
| The correct age | FOR MEDICAL | EVAMINEDO | Reg. Dist. No. //6 |
| | 1. PLACE OF DEATH. COUNTY / Orchester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DEC | EASED. COUNTY //OY. |
| fully fibly. | CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (III) (III) (III) (III) (IIII) (IIIIIIII | CITY (If obtgide corporate limits, write ROR TOWN TOWN | |
| n care | HOSPITAL OR INSTITUTION OR STREET ADDRESS STONE BOUNDRY R. | | divelocation) Street |
| Supply every item of information carefully. write the causes of death clearly and legibly. | | hnson Last OF DEATH | (Month) (Day) (Year) |
| inforth cle | S. SEX, Name of Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 3/11/2/e | 0cx 31 1899 9. AGE last birth | yrs. Months Days Hours Min. |
| of dea | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Sha Wood | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| ry ite | 13. FATHERS NAME Dennis Johnson | 14. MOTHER'S MAIDEN NAME MON | toomery |
| y eve | 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | Mrs Maggie We | Hers |
| Suppl | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION 03 | INTERVAL BETWEEN ONSET AND DEATE |
| | | | |
| A 42 | | marin in a | 7 |
| INK | $Q \gamma q Q$ | rowning. | |
| VG INK | Antecedent cause(s) Diseases or conditions, if any, (b) | rowning. | |
| DING INK | 921.8 Antecedent cause(s) | rowning. | |
| FADING INK physicians: plea | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest 18. OTHER SIGNIFICANT CONDITIONS | rowning. | 2 |
| UNFADING INK t. Physicians: plea | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest (c) | rowning. | |
| 'H UNFADING INK tant. Physicians: plea | Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not | rowning | 20. AUTOPSY? |
| VITH UNFADING INK portant. Physicians: plea | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 1. PLACE (Home form fuctory street) | | Yes No 🗆 |
| ', WITH UNFADING INK. | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 1. PLACE (Home form fuctory street) | (CITY OR TOWN) | (COUNTY) (STATE) |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition ceusing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY TO RECONTRIBUTING OF office bids test. CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hopy) INJURY OCCURRED | (CITY OR TOWN) Stone Boundary Rd. HOW DID INJURY OCCUR? | (COUNTY) (STATE) Dorchester Md. |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not rejeted to the disease or condition ceusing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OPERATION OPERATION OF OPERATION OF OPERATION OPERA | (CITY OR TOWN) Stone Boundary Rd. | (COUNTY) (STATE) Dorchester Md. |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the show ceuse stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not rejeted to the disease or condition ceusing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY Xor CONTRIBUTING OF OF office bids. Steeler, CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF OF While at work 10 at work 2 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece | (CITY OR TOWN) Stone Boundary Rd. HOW DID INJURY OCCUR? Fell in ditch fille Autopsy A Inspection I Inquiry assed died on the dry stated above, and d | Yesx No County (STATE) Dorchester Md. d with water. thereon and from the evidence |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause fest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not releted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY Xor CONTRIBUTING OF Office bidg etc.) CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF OF INJURY March 16-51 mp While at Not while at work 2 22. I certify that I took charge of the remains described above, held an A | (CITY OR TOWN) Stone Boundary Rd. HOW DID INJURY OCCUR? Fell in ditch fille Autopsy A Inspection I Inquiry assed died on the dry stated above, and d | Yesx No County (STATE) Dorchester Md. d with water. thereon and from the evidence |
| WRITE PLAINLY is especially | Antecedent cause(s) Diseases or conditions, if any, giving rise to the show couse stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the deeth but not releted to the disease or condition cousing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY Xor CONTRIBUTING OF office bidg. ste. 1 Ch TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF OF OFFINDING OCCURRED TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF OF ON While et Not while INJURY MARCH 16-51 mr While et Not while at work 2 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decee from natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) | (CITY OR TOWN) Stone Boundary Rd. HOW DID INJURY OCCUR? Fell in ditch fille Autopsy A Inspection I Inquiry ased died on the day stated above, and dundetermined | (COUNTY) (STATE) Dorchester Md. d with water. thereon and from the evidence eath in my opinion resulted |
| WRITE PLAINLY is especially | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not releted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bids. U.C.h TIME (Month) (Dey) (Year) (Hour) OF office bids. U.C.h TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF INJURY March 16-51 mp While at work of at work of at work of at work of a suicide of the remains described above, held an A obtain d by said Autopsy, Inspection or Inquiry, find that said decentry in a suicide of the suici | (CITY OR TOWN) Stone Boundary Rd. HOW DID INJURY OCCUR? Fell in ditch fille Autopsy A Inspection I Inquiry ased died on the dry stated above, and definition and description and description are described. | Yes No COUNTY) (STATE) Dorchester Md. d with water. thereon and from the evidence eath in my opinion resulted DATE SIGNED 3/19/51 town, or county) (State) |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause lest (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not releted to the disease or condition ceusing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY XOR CONTRIBUTING OF office bidgetc. CAUSE OF DEATH. TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF INJURY MAYCh 16-51 mr Work at work 2 22. I certify that I took charge of the remains described above, held an A obtain a bysaid Autopsy, Inspection or Inquiry, find that said decentaring the control of | (CITY OR TOWN) Stone Boundary Rd. How did injury occur: Fell in ditch fille Autopsy A Inspection I Inquiry and ased died on the dry stated above, and dundetermined and and and and and and and and and an | Yes No COUNTY) (STATE) Dorchester Md. d with water. thereon and from the evidence eath in my opinion resulted DATE SIGNED 3/19/51 town, or county) (State) |

MARGIN RESERVED FOR BINDING

B'A RYBERTS 1961 98 Hell TENEDER St sale at a T . The more of squeet a state of posted gree had a called a little and a second ed a serie carrie agraba de vers carrie carri PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

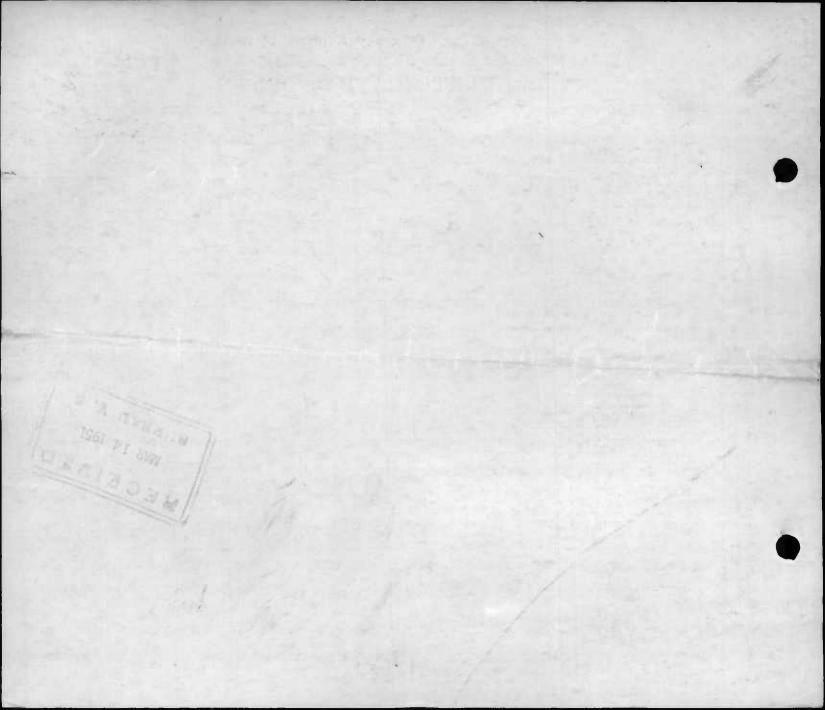
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112558

Reg. Dist. No. 1/6

| 1. PLACE OF DEATH OR CHESTER MARYLAND | 2. USUAL RESIDENCE (HOME) OF INCEASED COUNTY | DORCHESTED |
|--|--|-------------------------------------|
| CITY (If outside corporate limits, write RURAL and Constitution of STAY (in this place) of this place) of the place of the | CITY (Il outside codorate limits, write RURAL and giv | e nearest town) |
| HOSPITAL OR INSTITUTION OR CAMBRIDGE MARYLAND | STREET (If rural, give location) | TREET |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) OF DEATH HARCH | (Day) (Year) 9 195/ |
| 6. SEX 6. COLOR OR RACE 7. SINOLD, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under Months yrs. | fear If under 24 hra. |
| 10a. USUAL OCCUPATION (Give kind of work Africa during most of working life, even if retired) HOUSE WORK INDUSTRY | | COUNTRY? |
| 15. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 17. INFORMANT AND ADDRESS ARVIN JOHNSON | |
| 18. MEDICAL CE | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| 500 Immediate cause (a) Myseard | eal Jarliere | 4 days |
| Antecedent cause(s) | 1,00 | 2 |
| D leeases or conditions, if any, giving rise to the above cause stating the underlying cause last | - mipulus | |
| (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TO ST- ODER A- | TWE AMOUTATION BREAST | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS, OF, OPERATION | - Lell breast. | Yes No Y |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY OCCURRED Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | , 1951, to 3/9, 1951, that I last sa | aw the deceased |
| alive on 195, and that death occurred at | ADDRESS and on the date sta | ated above. |
| Maries M.g. | Cambrida /hd. | 712/51 |
| BREMOVAL (Specify) 2/12/51 CRAPO | RY OR CREMATORY LOCATION (City, town, or count | MARY LAND |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12,1951 The Mace, J., N. | COURS H. BAYNEUM. | ADDRESS |
| | | |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

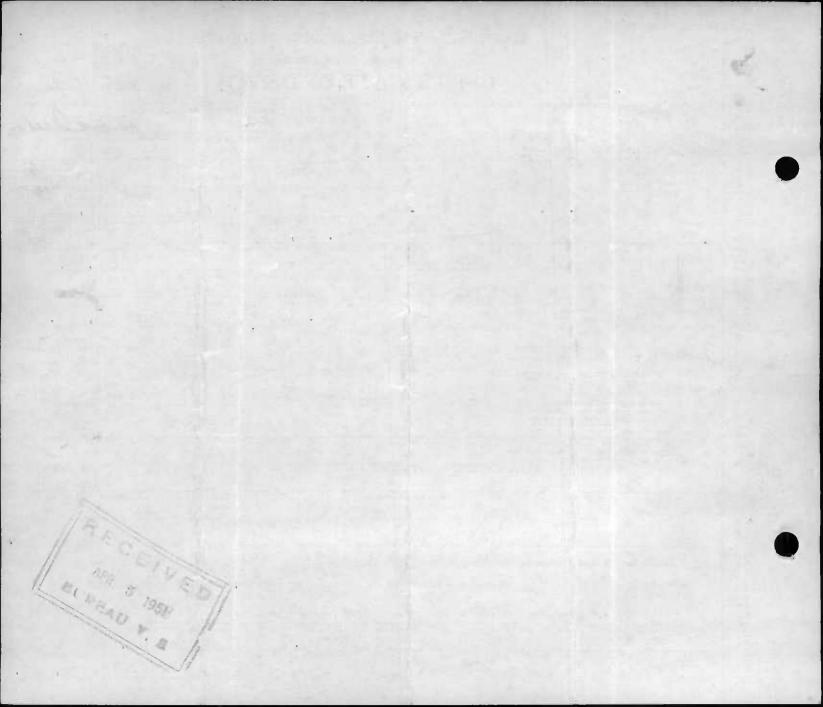
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02559

g. Dist. No. 110

| | | | 2. USUAL RESIDENCE (I | HOME) OF DE | | |
|--|---|---|----------------------------------|------------------------|---------------------------------------|--|
| COUNTY Dorch | ester | MARYLAND | STATE STATE | | COUN | and leader |
| CITY (If outside corpo OR give nearest tow TOWN HUTLOCK | rate limits, write RURA | L and LENGTH OF STAY (in this place) | CITY (If outside corpora | | RU Land | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | noi | ne | STREET ADDRESS no | (If rural, | give location) | |
| 3. NAME OF DECEASED (Type or Print) | ev. C. Geo: | rge Kaestner | (Last) | 4. DATE OF DEATH | (Month) March | (Day) (Year) 25, 195 Is |
| male | color or race white | | s. DATE OF BIRTH ec. 22, 1876 | 74 | yrs. Month | I year If under 24 bra. Days Hours Min. |
| done during most of worki | ON (Give kind of work ng life, even if retired) | 10b. Kind of Business or Industry minister | New York State | ate | ') | COUNTRY? |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | |
| | | stner | Susan Ann | last r | name ur | lknown |
| 15. WAS DECEASED EVER (Yes, no, or upknown) (If | yes, give war or dates of | 16. SOCIAL SECURITY No. | 3 c m 4 . | ADDRESS Lewis | | k. Md. |
| | | 18. MEDICAL CE | RTIFICATION | | | |
| I. DISEASES OR COND | ITIONS DIRECTLY I | LEADING TO DEATH | and P. | lana | | INTERVAL BUTWEEN ONSER AND DEATH |
| 420 / Antecedent ca | ause(s) | 11 60 | · ithe | - 1 - Ma | | 4.0 54. |
| 73d Diseases or cond giving rise to the stating the under | itions, if any, above cause last (c) | # Klanon | seen (See | ALC IN | 900 | as you |
| 930 giving rise to the stating the under 11. OTHER SIGNIFICAN Conditions contributing related to the disease of | itions, if any, (b) | | ser ve | | 4000 | as o year |
| 930 giving rise to the stating the under 11. OTHER SIGNIFICAN Conditions contributing related to the disease of | itions, if any, (b) | I. INDINGS OF OPERATION | ser ve | ALC III | 4000 | 20. AUTOPSY? |
| giving rise to the stating the under 11. OTHER SIGNIFICAL Conditions contributing related to the disease of 19a. DATE OF OPERAT | itions, if any, (b) | INDINGS OF OPERATION | ser ve | ALE M | 4000 | Yes 🗆 No 🗡 |
| giving rise to the stating the under 11. OTHER SIGNIFICAL Conditions contributing related to the disease of 19a. DATE OF OPERAT | itions, if any, (b) | INDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY | (CITY OR 1 | | (COUNTY | Yes 🗆 No 🗡 |
| giving rise to the stating the under 11. OTHER SIGNIFICAL Conditions contributing related to the disease of 19a. DATE OF OPERAT 21. ACCIDENT SUICIDE HOMICIDE | itions, if any, (b) | INDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) | HOW DID INJURY OC | | (COUNT) | Yes 🗆 No 🗡 |
| giving rise to the stating the under conditions contributing related to the disease of 19a. DATE OF OPERAT SUICIDE HOMICIDE TIME (Month) (Digital of the contributing of the contributing of the contributing contrib | itions, if any, (b) | INDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 324 | HOW DID INJURY OC. | CUR7 | that I last | Yes No No (STATE) |
| giving rise to the stating the under conditions contributing related to the disease of 19a. DATE OF OPERAT CONTRIBUTION (MONTH OF TIME (MONTH) (DE TIME (MONTH) | itions, if any, (b) | INDINGS OF OPERATION E (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 324 that death occurred at (Degree or title) | HOW DID INJURY OC. 19.5., to | CUR7 | that I last | Yes No No (STATE) |
| giving rise to the stating the under conditions contributing related to the disease of 19a. DATE OF OPERAT SUICIDE HOMICIDE TIME (Month) (DO OF INJURY) 22. I hereby certify alive on | itions, if any, (b) | INDINGS OF OPERATION E (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from 324 that death occurred at (Degree or title) | HOW DID INJURY OC. 19.5., to | causes and o | that I last n the date s | yes No No (STATE) saw the deceased stated above. |
| giving rise to the stating the under conditions contributing related to the disease of 19a. DATE OF OPERAT SUICIDE HOMICIDE TIME (Month) (DO OF INJURY) 22. I hereby certify alive on SIGNATURE CREMATI | itions, if any, (b) | INDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from At work that death occurred at (Degregor title) F NAME OF CEMETE Linchest | HOW DID INJURY OC. 19.5., to | causes and o | that I last n the date s town, or cou | yes No No (STATE) saw the deceased stated above. DATE SIGNED ADDRESS |



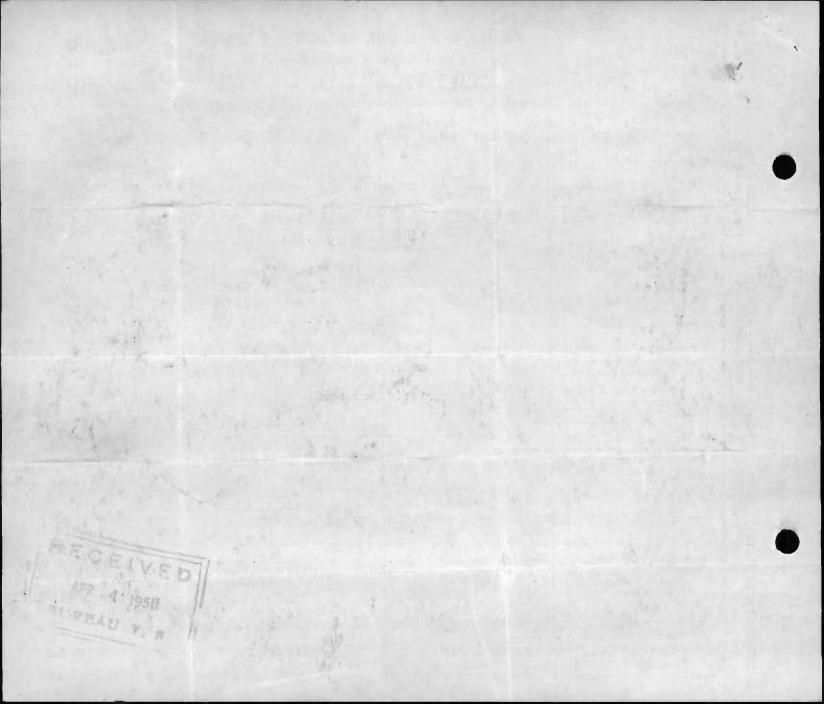
CERTIFICATE OF DEATH

Reg. Dist. No. .. 1.1.6

| 1. PLACE OF DEATH | 4. | | 2. USUAL RESIDENCE (I | HOME) OF DECEAS | | | |
|-----------------------------|--|--|---------------------------------------|------------------------------|--------------|--|-----|
| COUNTY | Dorchester | MARYLAND | STATE Maryla | nd | COUNTY | Telhot | |
| CITY (If outside c | orporate limits, write RUR | AL and LENGTH OF STAY | CITY (If outside corpor | ate limits, write RUR. | AL and give | nearest town) | |
| | town) Cambridge | Two Days | TOWN Easto | | | | |
| HOSPITAL OR | . Eastern S | | STREET | (If rural, give l | ocation) | | 7 |
| INSTITUTION OF | | | ADDRESS | lantation 1 | RED | Tagton / | 1 |
| 3. NAME OF | (First) | (Middle) | (Last) | | (ontb) | (Day) (Year | |
| DECEASED (Type or Print) | George | F. | Tane | OF | March | 31. 195h | , |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED. | 8. DATE OF BIRTH | 9. AGE last birthday | | | hen |
| Male | White | WIDOWED, DIVORCED, (Specify) Widowed | Feb.13, 1871 | | Months | Days Hours M | in. |
| | ATION (Give kind of work | 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State of | or foreign country) | | CITIZEN OF WHA | AT |
| done during most of w | vorking life, even if retired) | INDUSTRY | Mamrland | | C | OUNTRY? | |
| Farmer 13. FATHER'S NAM | E | | Maryland 14. MOTHER'S MAIDEN | NAME | 1 | U suite à | |
| William Is | | | Elizabeth C | | | | |
| 15. WAS DECRASED E | VER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY No. | 17. INFORMANT AND | | | | - |
| | (If yes, give war or dates (service) | of] | Mrs. William | | on Mo | heelam | |
| No | (Bet Vice) | 18. MEDICAL CE | | Dukes, Last | OII Plat | Lyland | |
| | | | RIFICATION | | | INTERVAL BETWEE | EN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | | | | ONSET AND DEAT | TH |
| 7 32 4 | (-) | erebral hemorrhag | e | | | 2 days | |
| Immediate | e cause (a) | ,01001011101101101101 | · · · · · · · · · · · · · · · · · · · | **************************** | | | |
| 35/ Anteceder | nt cause(s) | coment antenie | lomosis | | 1 1 1 1 1 1 | ? | |
| Diseases or | Conditioned it will be follow | eneral arterio sc | Telosis | | | 9 94 90 90 90 + 6 + 6 + 6 + 6 + 6 + 6 + 6 + 6 + 6 + | |
| stating the u | the above cause inderlying cause last | | | | | 7 | |
| | (c) I | esychosis with cer | ebral arterio-se | clerosis | | l year | |
| 11. OTHER SIGNIFI | CANT CONDITIONS | | | | 1 | | |
| | iting to the death but not se or condition causing deat | h | - | | 1 1 | | |
| | | FINDINGS OF OPERATION | | | 1 | 20. AUTOPSY? | _ |
| | | | | | | Yes No | 2 |
| 21. ACCIDENT | (Specify) PLA | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR 7 | rown) ((| COUNTY) | (STATE) | - |
| SUICIDE HOMICIDE | OF | office bidg., etc.) | | | | (| |
| TIME (Month) | | INJURY OCCURRED | HOW DID INJURY OC | CUR? | | | |
| OF INJURY | m, | While at Not While Work At work | | | | | |
| INJUNI | 1114 | WORK At WORK | 1 | | | | _ |
| 22. I hereby certi | ify that I attended the | e deceased from Mar. 30 | . 1951 to Mar. 3 | 1. 1951 that | I last sa | w the deceased | 3 |
| | | | | | | | |
| alive on Man | • 01 , 1901 , an | d that death occurred at 6 | ADDRESS | causes and on the | a date stat | ted above. | |
| SIGNATURE | 0,00 | (Degree or title) | ADDRESS | | Marc | PATE SIGNE | 31 |
| 18416/0 | kullder | m to Fastern | Shore State Hos | spital. Camb | | | |
| 21 BURIAL CREM | ATION DATE, THERE | OF NAME OF CEMETE | RY OR CREMATORY I | LOCATION (City, tow | n, or county | (State) | - |
| REMOVAL (Spec | ify) 4 3 1 | 951 Sin chuter | - // | & reston. | m. | (20208) | |
| DATE REC'D BY | LOCAL REGISTRAR'S | | 24. FUNERAL DIRECTO | | 111 | ADDRESS | |
| REG. 4/3/3 | 51 John Y | nace, fr., m. a. | H. M. F. | alled - To | reates | mo . | |
| ===- | iV | | | | | 7 | - |
| | | | | 11 | | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



CERTIFICATE OF DEATH

02561

correct FOR MEDICAL EXAMINERS The 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Dorchester D8FThester Maryland MARYLAND of information carefully death clearly and legibly. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town bridge. RFD (in this place) Cambridge, RFD HOSPITAL OR INSTITUTION OR STREET Corner SV 1112, give location) Cornersville STREET ADDRESS 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF March (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birtbday If under I year | If under 24 hrs WIDOWED, UDIVORCEDIN Male White Months | Daya Hours | Min. Unknown /870approx (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? Nova Scotia Supply every item write the causes of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 17. INFORMANT AND APPRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Cambridge, RFD, Md. (Yes ne or unknown) | (If yes, give war or dates of Unknown 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. please Coronary occlusion Instant Immediate cause Antecedent cause(s) INFADING Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not WHH U related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🔼 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. OF office bldg., etc.)
INJURY PLAINLY, s especially i TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined]. SIGNATURE DATE SIGNED Deputy Medical Examiner, Cambridge, Md. 4-2-51 3 John Mace. Jr., [1] 23, MIRIAL CREMATION | DATE THEREOF BUT181 4-4-51 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) S Dorchester Memorial Park, Cambridge, Maryland EA 24. FUNERAL DIRECTOR LeCompte Funeral Service DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE ADDRESS n. n. oc.

4 19511 1 V. 8

Jan hurs 9 was

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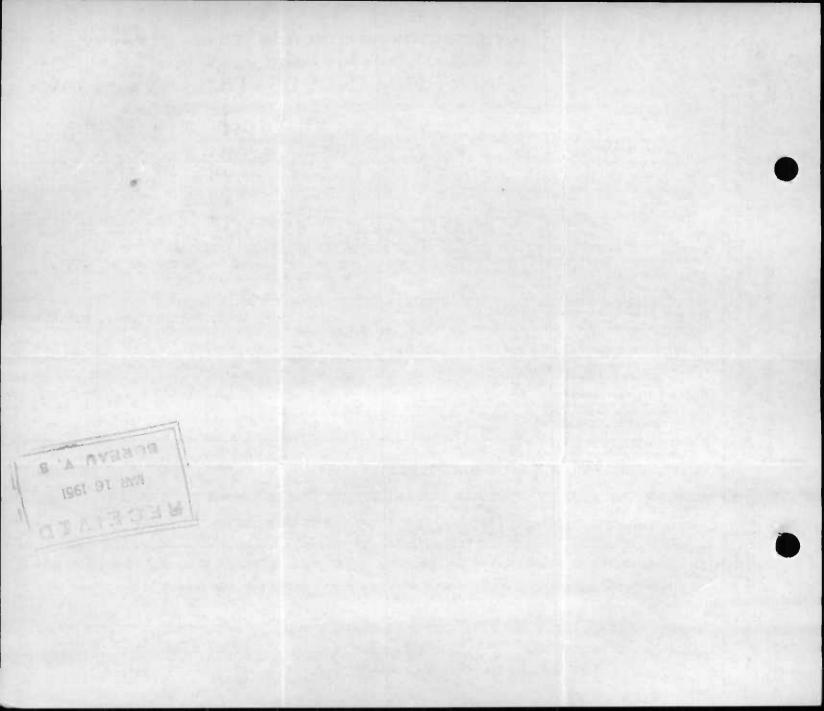
VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. //

| 1. PLACE OF DEATH- COUNTY Dorchester | | 2. USUAL RESIDENCE (F | - COTTN | TY |
|--|--|---|--|--------------------------------------|
| CITY (If outside corporate limits, write RURAL OR give neglest town) TOWN | and LENGTH OF STAY Life Life | CITY (If outside corpora | ite limits, write RURAL and ock - Rural | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Hynson | | STREET | r Hynson | |
| 3. NAME OF (First) | (Middle) | (Last) | 1 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Kathleen | | McGlotten | OF DEATH March | 5 1951 |
| 5. SEX 6. COLOR OR RACE 7. | SINGLE, MARRIED, | | 9. AGE last hirthday If und | er I year IIf under 24 hra |
| Female Colored | WIDOWED, DIVORCED, (Specify) Widowed | July 22.1877 | (O yrs. | Days Hours Min. |
| | Ob. KIND OF BUSINESS OR INDUSTRY Home | Dorchester Cou | r foreign country) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | |
| Charles Spry | | Isabelle Lak | :e | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | | |
| (Yes, ne, or unknown) (If yes, give war or dates of leervice) | None | George McGlott | en, Hurlock, Md | ., R.F.D. |
| | 18. MEDICAL CE | RTIFICATION | | |
| I. DISEASES OR CONDITIONS DIRECTLY LE Way a Immediate cause Antecedent cause(s) | ADING TO DEATH | ryocardial. | Degeneration | INTERVAL BETWEEN ONSET AND DEATE |
| Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | *************************************** | | 0.00 00 00 00 00 00 00 00 00 00 00 0 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FIN | DINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | Yes No |
| SUICIDE OF INJURY | | (CITY OR T | | Y) (STATE) |
| OF | VJURY OCCURRED While at Not While Work At work | HOW DID INJURY OCC | CUR? | |
| 22. I hereby cortify that I attended the d | leceased from June | , 1950, to Mar | ch, 19.51, that I last | saw the deceased |
| alive on March, 1951, and | that death occurred at (Degree or title) | 1 a. m., from the | causes and on the date | stated above. DATE SIGNED |
| McHamson VI | D | Hurlo | ck Md. | 3/5/51 |
| 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) March 7,19 | Johns Ceme | tery | OCATION (City, town, or co Near Preston, Mc | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNED 7-1957 | W Haslings | J. J. Framptom | and Son, Federal | sburg, Md. |



The correct age

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MARGIN

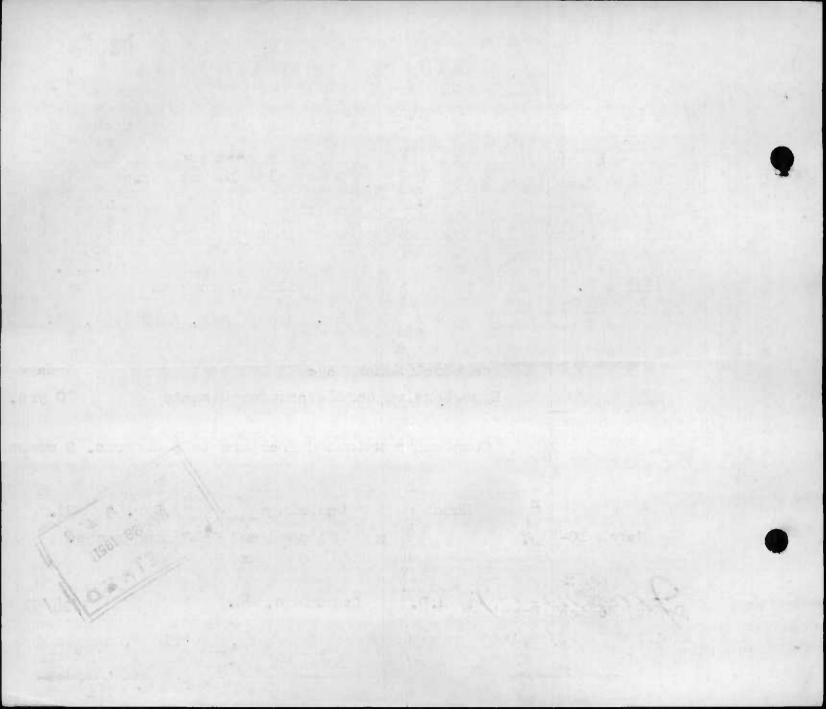
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02563

| / TOR MEDION | Reg. Dist. No | 14. J. A |
|---|--|--|
| I. PLACE OF DEATH- COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland BOYNE | hester |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge (in this place) | CITY (If outside corporate limits, write RURAL and give on Town Cambridge | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp. | | |
| S. NAME OF (First) (Middle) DECEASED (Type or Print) MINNIE BRILEY | MILLER 4. DATE (Month) OF DEATH MARCH | (Day) (Year) 23 195] |
| Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED PROPERTY (Specify) | 8. DATE OF BIRTH 8. AGE last hirthday If under Months 82 yrs. | I year If under 24 hrs Days Hours Min. |
| 10m. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10b. Kind of Business or Louville Mousewille Will Home | II. BIRTHPLACE (State or foreign country) 12 Maryland U | COUNTRY? |
| William H. Briley | Sallie A. Sherman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of NONE) | Mr. Burnam Mace. Cambridg | e. Md. |
| 18. MEDICAL C | ERTIFICATION | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATE |
| 443× Immediate cause (a) Cerebral hemo | rrhage | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | ardiovascular disease | 10 yrs. |
| | inuted fracture left humeru | 2 weeks |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING A OF office bldg, etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) Cambridge Dor | (STATE) Md. |
| TIME (Month) (Day) (Year) (Hpur) INJURY OCCURRED While at Not while INJURY March 10-51p.m. Work at work | How DID INJURY OCCUR? Slipped and fell down ste | |
| 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrance natural causes X, accident , suicide , homicide SIGNATURE (Degree or title) N. D. M. D. | Autopsy . Inspection . Inquiry . thereon and ceased died on the day stated above, and death in my l, undetermined . ADDRESS Cambridge, Md. | DATE SIGNED 3/24/51 |
| DATE OF LOCAL REGISTRAR'S SIGNATURE REG. | nurch Cemetery, Cambridge, M | |
| 3/27/51 Joen Mace, Jr., m. S. | | |
| | Cambridge, Ma: | ryland |



2411 N. Charles Street, Baltimore

| CERTIFICAT | E OF DEATH Reg. Dist. No. 2/16 |
|--|--|
| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| COUNTY Dorchester MARYLAND | STATE Maryland Continester |
| OR give nearest town) TOWN Cambridge LENGTH OF STAY (in this place) TOWN Cambridge | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 Race Street | STREET ADDRESS 416 Race Street |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) HELEN BITTERS | (Last) 4. DATE (Month) (Day) (Year OF DEATH MARCH 7 |
| Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, WILLOWED, (Specify) 11dowed | 8. DATE OF BIRTH 9. AGE iast birthday If under 1 year If under 24 h Months Days Hours Mh |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) HOUSEWLIE OWN home | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WEAT COUNTRY? Marvland |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| James Mowbray | not known |
| 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of none | 17. INFORMANT AND ADDRESS |
| IIO (service) | Mrs. Aleen Bitters- Cambridge, Md. |
| 18. MEDICAL CE | INTERVAL BETWEE |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEAT |
| Immediate cause (a) Cerebal A | Lewente a Choung 3 mg |
| 442 | · a+ · 1 |
| Antecedent cause(s) Diseases or conditions, if any, (b) | Jed day - Leteran 5 Ja |
| 13/ a giving rise to the above cause stating the underlying cause last | |
| (c) | and to some and |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | ents - |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| um ums | Yes No |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? |
| | 7, 195/, to wash, 195/, that I last saw the deceased |
| alive on 4, 19.5, and that death occurred at | |
| Filt Eweyling ly. 2 | . Canbridge ve 3:55-1 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 3/9/1951 Greenlawn | Cemetery Cambridge Maryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| March 9, 1951 John mace, fr. m. S. | LeCompte Funeral Service- |
| · · · · · · · · · · · · · · · · · · · | Cambridge, Maryland |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

820



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

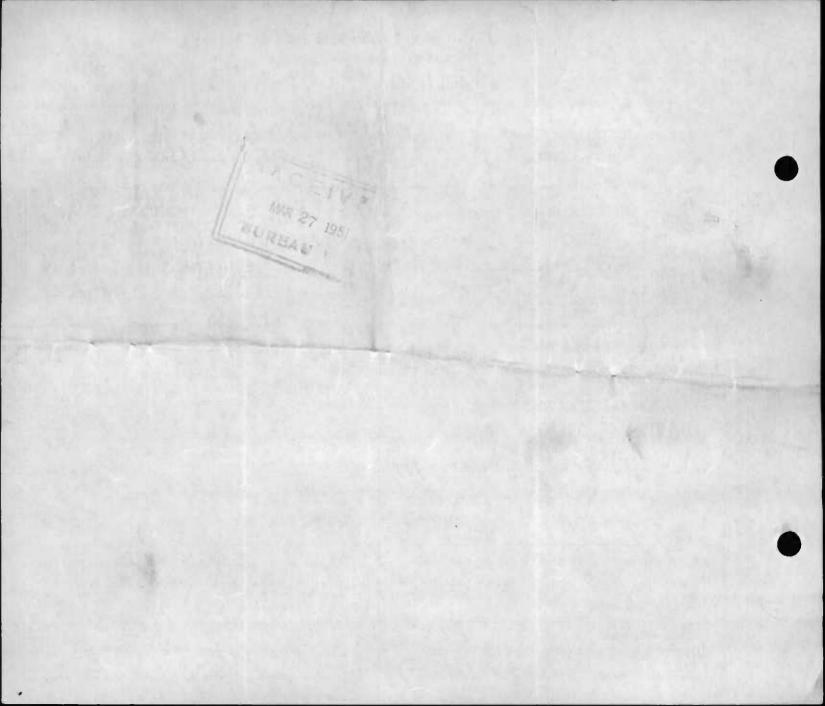
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02565

| CERTIFICATI | E OF DEATH | Reg. Dist. No.!! |
|--|--|---|
| 1. PLACE OF DEATH- COUNTY COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF D | COUNTY COUNTY |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place) | CITY (If outside corporate limits, write OR TOWN | 10 de 11.F.D 2 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If Fura | I, give location) |
| 3. NAME OF DECEASED (Middle) (Middle) (Type or Print) | (Last) 4. DATE OF DEATH | (Month) (Day) (Year) |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SPORT) | mar 2919 67 | irthday If under 1 year If under 24 hrs. Months Days Hours Min. |
| 10a. USCIAL OCCOPATION (Give land of work) done suring most of working life eyes if retired) | 11. BINTHPLACE (State or foreign count | (COUNTY? |
| 18. FATHERS NAME Pauton | 14. MOTHER'S MAIDEN NAME | Kmour |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service) | Sentio Andress | pland |
| 18. MEDICAL CE | RTIFICATION | WHI Y |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1.00 | INTERVAL BETWEEN ONSET AND DEATH |
| 422 2 Immediate cause (a) Krience / Wegor | caracal regener | alun 8 ms. + |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | overlage + Hemp | legio 8mo+ |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | Yes No No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY | (CITY OR TOWN) | (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from July | , 1950, to March, 1951 | , that I last saw the deceased |
| slive on | ADDRESS m., from the causes and | on the date stated above. DATE SIGNED |
| 23, BURIAL CREMATION DATE THEREOF NAME OF GEMEDE | RY OR CREMATORY LOCATION C | ity, town, or county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | ametery In (V | embredge med |
| REMar 21-1951, Charlo Hastings | Down H Boy | Meyen |
| | Cameredge / | mds 970111 |



Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK, is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH

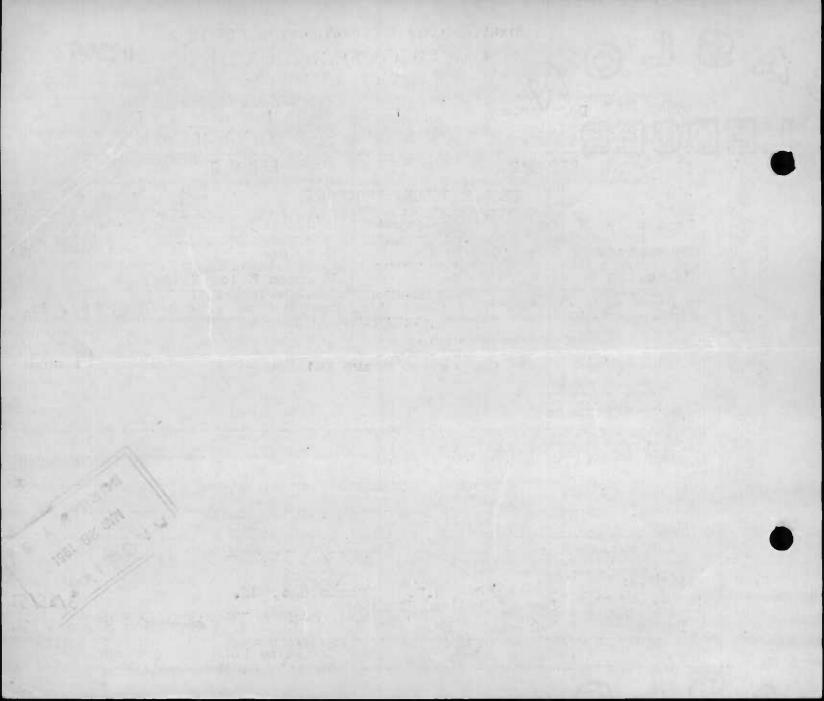
CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

(12566

Reg. Dist. No. 116

| 1. PLACE OF DEATH Dorchester | MARYLAND | 2. USUAL RESIDENCE (| | COUNTY ster |
|--|--|------------------------------------|---------------------------------|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) AIreys | LENGTH OF STAY | CITY (If outside corpor | | AL and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 2 | | STREET ADDRESS RFD # | 2 (If rural, give lo | ocation) |
| (Type or Print) | (Middle)LEY PRO | CTOR (Last) | | ontb) (Day) (Year) March 23, 151 |
| Female White WIDO | GLE, MARRIED, DWEDS DIVORCED. | 8. DATE OF BIRTH 1/23/1883 | 9. AGE last birtbday yrs. | If under 1 year Months Days Hours Min. |
| adde of the booking life, even it retired) (Mikhna) | CIND OF BUSINESS OR | Maryland | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? US A |
| Marcellus Proctor | | Frances Ell | en Willey | |
| 15. WAS DECRASED EVEH IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | none Mrs. | Evelyn Blac | | ge, R#2, Md. |
| | 18. MEDICAL CE | RTIFICATION | | 1- |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADIN | NG TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | | 7 1 |
| Immediate cause (a)Gong | estive hear | t failure - | 000 | l hour |
| Antecedent cause(s) | | | | |
| Diseases or conditions, if any, (b) giving rise to the above cause | ***************************** | | ******************************* | |
| stating the underlying cause last | | | | |
| (c) | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDING | GS OF OPERATION | | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PLACE (Hnm | | (01891 02 | | Yes Ne |
| PRIMARY OR CONTRIBUTING OF Office & INJURY | ne, farm, factory, street, bldg., etc.) | (CITY OR | | COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJUR While as work | Y OCCURRED t Not while at work | HOW DID INJURY OC | CUR? | |
| 22. I certify that I took charge of the remains desc | ribed above, held an A | utopsy []. Inspection [| t. Inquiry [7] there | eon and from the evidence |
| oblained by said Autopsy, Inspection or Inquir | 'u, find that said decei | ased died on the day state | ed above, and death | in my opinion resulted |
| from naturol causes, accident suici | (Degree or titie) | andelermined | | DATE SIGNED |
| 144,220-1-6 | M.D. C | ambridge. Md. | | |
| Deput Med | ical Examin | er | | 3/25/51 |
| 23. BARIAL CREMATION DATE THEREOF 3-27-51 | | arket Cemeter | y, East Ne | ew Market, Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNAT | 01111 | 24. FUNERAL DIRECTO LeCompte Fi | or ineral Senf | ADDRESS |
| 103 27 81 John Wa | ce. J | Tecombre to | | 1100 |



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

The correct age

RESERVED FOR BINDING

MARGIN

Reg. Dist. No. 116

| | / | FOR MEDICAL | LAAMINERS | Keg. Dis | it. No/.(|
|--|--|--|--|--|-------------------------------------|
| | 1. PLACE OF DEATH COUNTY Dorchester | MARYLAND | 2. USUAL RESIDENCE Maryl | (HOME) OF DECEASED. | Witchester |
| write the causes of death clearly and legibly. | CITY (If outside corporate limits, write HOR give nearest town) TOWN (AMD TI OR HOSPITAL OR INSTITUTION OR CO.) | tURAL and LENGTH OF STAY (in this place) | TOWN Vienr | rate limits, write RURAL as (Rural) (If rural, give location | od give oearest towo) |
| and | INSTITUTION OR Cambridge | | (1101 | | |
| early | 3. NAME OF DECEASED (Type or Print) MARIAN | | RICHARDSON | 4. DATE (Month OF DEATH MARCH | 16 1951 |
| ath cl | Male S. COLOR OR RAC | WIDOWED, DIVORGED, (Specify) SING IC | 8. DATE OF BIRTH 8/14/1916 | yrs. i | ooths Days If under 24 hrs. |
| of dea | 10a. USUAL OCCUPATION (Give kind of w done during most of working life, even if retire the property of the control of the cont | rork 10b. Kind of Obusiness on General Farm | Maryland | | U.S.A. |
| auses | Robert H. Richa | | Bessie Wi | | |
| the c | 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, po. on unknown) (If yes, give war or de Ullimown) service) | none none | | Hurley, Cambr | idge, Md. |
| The last | I. DISEASES OR CONDITIONS DIRECT | IS. MEDICAL CE | RTIFICATION | | INTERVAL BETWEEN ONSET AND DEATE |
| please w | Immediate cause (a) | | monore o | Edema | |
| ns: ple | 442 XAntecedent cause(s) 13 Diseases or conditions, if any, (b) | Hypertension | monore o L'arbiotores | rlas Burl Des | 7 |
| important. Physicians: | giving rise to the above cause stating the underlying cause last | | | | |
| C. ra | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but a related to the disease or condition causing | death. Chronic | alcoholis | ın . | ? |
| ran | 19a. DATE OF OPERATION 19b. MAJO | OR FINDINGS OF OPERATION | AND THE TO | | 20. AUTOPSY? |
| | 21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY | (CITY OR | TOWN) (COU | NTY) (STATE) |
| Clany | TIME (Month) (Day) (Year) (Hou | ir) INJURY OCCURRED While at Not white work at work | HOW DID INJURY O | CCUR? | |
| is especially | 22. I certify that I took charge of the robtained by said Autopsy, Inspection from: natural causes , acfider | on or Inquiry, find that said dece at , suicide , homicide , | eased died on the day state undetermined []. | H, Inquiry H Thereon led above, and death in | my opinion resulted |
| | Eldriger X-Wos | of me acceptual | Lies Dambi | Sprind. | 3-17-57 |
| | 23. BURIAL, CREMATION DATE THE REMOVAL (STEELY) 3/19/ | NAME OF CEMETE | RY OR CREMATORY | | |
| | | R'S SIGNATURE | Memorial Pa | uneral Servi | ce, |
| 1 | | | Ca | mbridge, Mar | yland |

1961 98 awy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02568

Reg. Dist. No. 116

| COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge HOSPITAL OR INSTITUTION OR Cambridge—Maryland Hospital ADDRESS 3. NAME OF DECEASED (Type or Priot) MARYLAND LENGTH OF STAY (If outside corporate limits, write RURAL and give near TOWN Cambridge STREET Maryland COUNTY CITY (If outside corporate limits, write RURAL and give near TOWN Cambridge CITY (If outside corporate limits, write RURAL and give near TOWN Cambridge STREET ADDRESS (If rural, give location) (If rural, give location) ARDELIA ROBERTS (Middle) (Last) (Last) 4. DATE (Month) (Decompose) OF DEATH March 6 | rest town) |
|--|--------------------------------|
| HOSPITAL OR INSTITUTION OR Cambridge-Maryland Hospital Address STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) (Type or Priot) (ARDELIA ROBERTS) ARDELIA ROBERTS (If rural, give location) (If rural, give location | |
| DECEASED (Month) (DeceaseD (Type or Priot) ARDELIA ROBERTS (Last) 4. DATE (Month) (DeceaseD OF March 6. | |
| | y) (Year) |
| (Specify) Martited) = ZH=1900 HZ vre | |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on 11. BIRTHPLACE (State or foreign country) 1.2 Curr | IZEN OF WHAT |
| George W. Fields 14. MOTHER'S MAIDEN NAME Annie M. Jones | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. U. INFORMANT AND ADDRESS Lula W. Roberts | |
| 18. MEDICAL CERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ERVAL BETWEEN SET AND DEATH |
| Immediate cause (a) Mesentric thrombosis 2 | days |
| Antecedent cause(s) Diseases or conditions, if soy, (b) Ovarian cyst (Operation 2-8-51) | ? |
| 56 a giving rise to the above couse stating the underlying cause last | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 120. | |
| 2-8-51 Chocolate cyst right ovary | AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while | |
| | |
| 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural course , accident , suicide , remicide , undetermined . | the evidence ion resulted |
| 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural causes , accident , suicide , tomicide , undetermined . SIGNATURE (Degree or title) John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 3-8- | ATE SIGNED |
| 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oping from: natural cruses , accident , suicide , tomicide , undetermined . SIGNATURE (Degree or title) ADDRESS | ATE SIGNED |



MARYLAND STATE DEPARTMENT OF HEALTH

02569

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

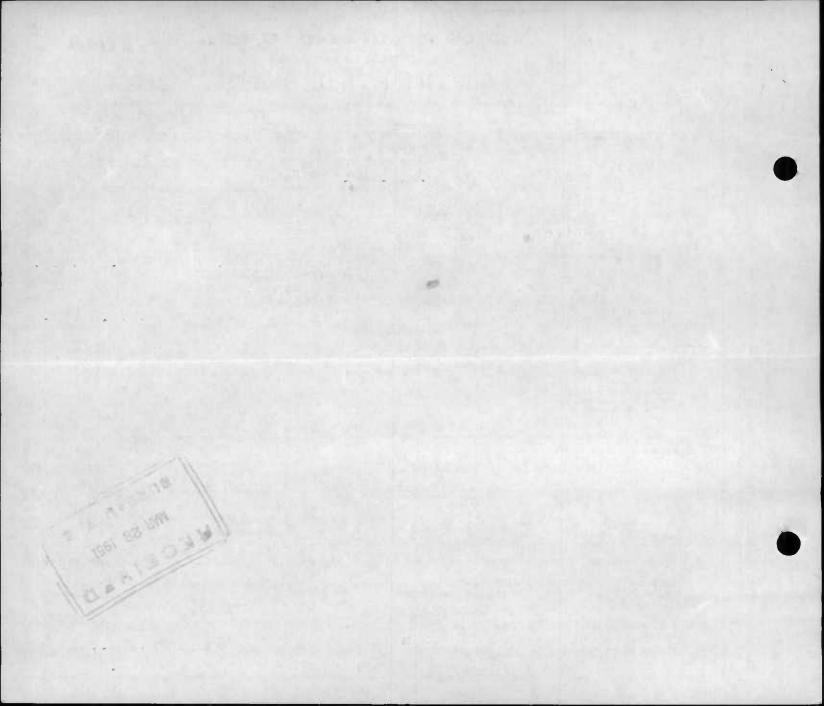
Reg. Dist. No. 1/6

| | | 800000000000000000000000000000000000000 |
|---|---|---|
| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED. | |
| COUNTY Dorchester MARYLAND | STATE Maryland DCOUNTY | ester |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give | e nearest town) |
| TOWN Rive nearest tewn nudSon (In this place) | Town Hudson | |
| HOSPITAL OR INSTITUTION OR (Home) Combandana D. E. D. M. | STREET (If rural, give location) | |
| INSTITUTION OR (Home) Cambridge R.F.D. M | d. ADDRESS Rural | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) ELIZABETH EVELYN | SEWARD DEATH MARCH | 25 151 |
| 5. SEX 6. COLOR OF RACE 17. SINGLE MARRIED | 8. DATE, OF BIRTH 9. AGE last birthday If under 1 | year If under 24 hrs. |
| Female, White WIDOWED, WYORCEDed | 11/17/1872 78 yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY (N. 1.2) | | CITIZEN OF WHAT |
| done during most of working life, even if retired) Industry Wrk | Cambridge R.F.D # 3 Md. | Countries A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| William E. Rumbley | Susan E. Rhea | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of | 17. INFORMANT AND ADDRESS Cambri | dge |
| service) | Miss Edna Seward R.F.D. | 3 Md. |
| 18. MEDICAL CEI | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Care R C | Xte many | |
| 442× Immediate cause (a) | () | Va on |
| Antecedent cause(s) | P. 1 1000 0 | |
| /2 / Diseases or conditions, if any, (b) | / Some of the second | 5-72. |
| giving rise to the above cause grating the underlying cause last | meren . | |
| (c) Cu lens | - selem | 5 h. |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| um l | | Yes II No FT |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) | (CITY OR TOWN) (COUNTY) | (STATE) |
| SUICIDE OF office bldk, etc.) | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? | |
| INJURY m. Work At work | · · · | |
| 3-7.3 | 3-25 51 | |
| 22. I hereby certify that I attended the deceased from 3-23 | , 19, to, 19, that I last sa | w the deceased |
| alive on 3 - 7 , 195 , and that death occurred at | m., from the causes and on the date sta | ited above. |
| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
| La 1/2 Servering 6 x | (awlend, and | 3-26- |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or county | 75) |
| REMOVAL (Specify) | | y) (State) |
| Burial 3/28/51 Greellawn DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Md. | ADDRESS |
| REG. 3/27/51 John Mase, A., M. O. | I To Grane has There are all Grane | VDDVESS |
| = 3/-/01 / Joan 111 auc. 10.11.00. | | |
| | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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age

correct

The

d legibly.

death clearly an

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. COUNTY Maryland Dorchester MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN give nearest town) idge (in this place) Cambridge TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Street Washington Street STREET 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED RUSSELL OMRO SHORTER 29 1951 MARCH (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, SYVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Male 2/1907 Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KINTTOT BUSINESS OR 12. CITIZEN OF dona during mont of working life, even if retired) Cooperative COUNTRY? Store-Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Napolen Mamie H Elliott Shorter 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of unknown) service) Mrs. Napolen Shorter, Cambridge, Md. unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Gun shot wound of brain Instant ∨ Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Nox Yes 🗍 (CITY OR TOWN) (COUNTY) (STATE) 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) Md. Dor. Cambridge HOW DID INJURY OCCUR? INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Shot self with rifle. INJURY work 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide X, homicide , undetermined . SIGNATURE DATE SIGNED (Degree or title) D., Deputy Medical Examiner, Cambridge, Md. 3-31-51 John Mace 23. BURIAL CREMATION REMOVAL (Specify) BUPLAL NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Dorchester Memorial Park, Cambridge, Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL on ace, & .. in . Le Compte Funeral Service. REG. 3/3/51

Supply every item write the causes of o FOR RESERVED INK. UNFADING it. Physicians: , WITH UI PLAINLY, especially i

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Cambridge, Maryland 320636

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1 3 1 MAR 2.0 1951 CERTIFICATE OF DEATH

Reg. Dist. No. // 6

| THE PART AND AND AND AND ADDRESS. | |
|--|---|
| I. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED. |
| COUNTY Dorchoster MARYLAND | STATE May and COUNTY Dor |
| CITY At outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give hearest town) |
| OR give nearest town Cambridge (in this Mace) | TOWN Campridge |
| HOSPITAL OR | STREET (II r) Mal, give location) |
| INSTITUTION OR //- | ADDRESS 55 () |
| STREET ADDRESS 33 1/0001215 STYEET | 33 /ouglas Street |
| 3. NAME OF DECEASED (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) /100010 /Vard | Hewart MEATH Mar. 3 1951 |
| 5. SEX 6. COLAR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. |
| Female / Yearo WIDOWED, DIVORCED, (Specify) ///dorved | Jan 1 1904 47 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life wen if retired) INDUSTRY HOME | Dorchostor Ca Nd Counterly/5/1 |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 11 1/1 - 1 | N = E 14/./ |
| I Nomas IV ara | Mary Emily Wilson |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of | 17. INFORMANT AND ADDRESS |
| service) | Helores Ward Campridge Md. |
| 18. MEDICAL CE | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INMEVAL BETWEEN ONERT AND DEATH |
| | |
| Immediate cause (a) Acutu Can | diec tailary 20 min. |
| O.L. X | a part of |
| Antecedent cause(s) | + Agrita - Accorde of Turing 91000 |
| Diseases or conditions, if any, (b) TYPUVOUN (C) TETIOLOGY | undetermined (3/10/4) |
| stating the underlying cause last | undetermined (3/19/61 akc.) k. T. |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | |
| Conditions contributing to the death but not | |
| related to the disease or condition causing death. | |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | I 20. AUTOPSY? |
| | 20. AUTOPSY? |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | Yes 🗆 No X |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) | V |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY OCCURRED | Yes 🗆 No X |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SPECIFY PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work | (CITY OR TOWN) (COUNTY) (STATE) |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not White | (CITY OR TOWN) (COUNTY) (STATE) |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not Work At work 22. I hereby certify that I attended the deceased from | (CITY OR TOWN) (COUNTY) Yes No X HOW DID INJURY OCCUR? 1950, to 3 - 3, 1951, that I iast saw the deceased |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from 19b. And that death occurred at 19b. And that death occurred at | (CITY OR TOWN) (COUNTY) Yes No X HOW DID INJURY OCCUR? 1950, to 3 3 1951, that I iast saw the deceased |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not Work At work 22. I hereby certify that I attended the deceased from | (CITY OR TOWN) (COUNTY) Yes No X HOW DID INJURY OCCUR? 1950, to 3 - 3, 1951, that I iast saw the deceased |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from 19b. And that death occurred at 19b. And that death occurred at | (CITY OR TOWN) (COUNTY) Yes No X HOW DID INJURY OCCUR? 1950, to 3 3 1951, that I iast saw the deceased |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, off office bldg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, office bldg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 22. ACCIDENT Specify PLACE (Home, farm, factory, street, office bldg., etc.) 23. BUBIAL CREMATION 19b. MAJOR FINDINGS OF OPERATION 24. ACCIDENT Specify PLACE (Home, farm, factory, street, office bldg., etc.) 25. BUBIAL CREMATION 19b. MAJOR FINDINGS OF OPERATION 26. ACCIDENT Specify Specify Specify Specify 27. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 28. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 29. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 21. ACCIDENT Specify Specify 22. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 23. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 24. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 25. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 26. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 27. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 28. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 29. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 20. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 29. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 29. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 29. BUBIAL CREMATION DATE THEREOF NAME OF CREMETER 20. BUBIAL CREMETER DATE DATE DATE DATE 20. BUBIAL CREMETER DATE | HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1950, to 3 - 3, 1951, that I iast saw the deceased of the causes and on the date stated above. ADDRESS 224 Run & Cambourd 3-3-51 |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 2 alive on 3 | HOW DID INJURY OCCUR? DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED Caul: W. 3-3-5/ RY OR CREMATORY LOCATION (City, town, or county) (State) |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not | HOW DID INJURY OCCUR? DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED Caul: U.S. 3-3-5/ RY OR CREMATORY LOCATION (City, town, or county) METERY CAMPYING C. |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not | HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not | HOW DID INJURY OCCUR? DATE SIGNED DATE SIGNED DATE SIGNED Caul: W. 3-3-5/ RY OR CREMATORY LOCATION (City, town, or county) METERY CAMBRIDADE, MA |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02572

CERTIFICATE OF DEATH

Reg. Dist. No.11.6

| 1. PLACE GIVENTH COUNTY DORCHESTER MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY | LTD |
|--|--|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) | CITY (II outside corporate limits, write RURAL and giv | e nearest town |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS HOSBITAL Camb | STILLET ANDREAS (If rural, give location) | st |
| 3. NAME OF DECEASED (First) R J (Middle) (Type or Print) | (Last) 4. DATE (Month) OF DEATH | (Day) (Year) 2,3 1967 |
| 5. SEX 6. COLOR OR RACE WIDOWED, DIVORGED, (Specify) | TO THE MICHAEL | Days Hours Min. |
| done during most of working life, even if retired) 10b. Kind of Business on Industry Industry | Cambridge, med. | COUNTRY? D.S.A |
| albert A. Thompson Sr. | 14. MOTHER'S MAIDEN NIME | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | - 211 |
| 18. MEDICAL CEI | RTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| Francisco Complete | & meumonic | 2 days |
| Immediate cause (a) | / | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | ************************************** |
| (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | Yes No 🗆 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR! | |
| 22. I hereby certify that I attended the deceased from 3/2/ | - 101 | |
| alive on 19. 19. 3, and that death occurred at | ADDRESS and on the date sta | ated above. DATE SIGNED |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | RY OR CREMATORY LOCATION (City, town, or count | 3/24/51 |
| REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 0 10 11 | ADDRESS |
| april 16,1951 John Mace, Jr., m. d. | Lewis 78 - Boyne | ADDRESS |
| | | |



CERTIFICATE OF DEATH

Reg. Dist. No. 11.6.

| | | | | 20081 | 2.500 1100.1.4 |
|-------------------------------------|---|--|-------------------------------|------------------------|---|
| 1. PLACE OF DEAT | н. | | 2. USUAL RESIDENCE (| HOME) OF DECEASI | |
| COUNTY | orchester | MARYLAND | STATE Marylar | nd | 690 Tchester |
| CITY (If outside of OR give nearest | corporate limits, write RUR | | CITY (If outside corpor OR | ate limits, write RURA | L and give nearest town) |
| TOWN Ca | mbridge | (In this place) 2 days | | ille | |
| HOSPITAL OR INSTITUTION O | R Cambridge | Maryland Hosp. | STREET ADDRESS (nor | (If rural, give ic | cation) |
| 3. NAME OF | | | • | | |
| DECEASED | (First) | (Middle) | (Last) | OF | onth) (Day) (Year) |
| (Type or Print) 5. SEX | CLARA 6. COLOR OR RACE | ROBINSON | TODD 8. DATE OF BIRTH | | RCH 26 1951 |
| Female | White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWED | 3/25/1883 | 68 yrs. | Months Days Hours Min. |
| 10a. USUAL OCCUP | ATION (Give kind of work | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | | 12. CITIZEN OF WHAT |
| Housev | working life, even if retired) | Own Home | Maryland | | Country S.A. |
| 13. FATHER'S NAM | 1E | | 14. MOTHER'S MAIDEN | | |
| | Robinson | | Mary Jone | S | |
| | VER IN U.S. ARMED FORCES (If yes, give war or dates | | 17. INFORMANT AND | ADDRESS | |
| no | service) | none | Wrs. Maisie | Jones. Too | idville. Md. |
| | | 18. MEDICAL CEI | RTIFICATION | | |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | // | | ONSET AND DEATE |
| | | Muses | load lo | · Ouro | Adam |
| Immediat | e cause (a) | Jacob | | | 1000 |
| C/ A Anteceder | | 11 20 1 | | | |
| | conditions, if any, (b) | Vegretteur | esny | | |
| | inderlying cause last (c) | he boluca | e Seru | 200 | A 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Conditions contribu | ICANT CONDITIONS uting to the death but not use or condition causing deat | h. Obertin | No. | | |
| | | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | Yes No No |
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) PLA OF INJU | CE (Home, farm, factory, street, office hldg., etc.) | (CITY OR | rown) (C | OUNTY) (STATE) |
| TIME (Month) | | INJURY OCCURRED | HOW DID INJURY OC | CUR? | |
| OF INJURY | m. | While at Not While Work At work | 1 | | |
| 2210 0202 | | 2/21 | 3/2 | , 11 | |
| 22. I hereby cert | ify that I attended the | | 7 11 | 0:, 19.5/, that | I last saw the deceased |
| alive of | , 1921, an | d that death occurred at | 2, from the | causes and on the | date stated above. |
| SIGNATURI | 24 | (Degree or title) | ADBRESS | 1 1/2 | DATE SIGNED |
| 1/4 | Jane | Ks Mil. | C#MBA | (19)6E | Md. 0/26/1 |
| 23. BURIAL, CREM | ATION DATE THERE | OF NAME OF CEMETER | RY OR CREMATORY I | OCATION (City, town | n, or county) (State) |
| BENOVAL (Spec | (ally) 3/29/7 | | ch Cemetery | Toddville | |
| DATE REC'D BY | | | 24. FUNERAL DIRECTO | R · | Maryland |
| REG. 3 /31 / | 51 John m | race, A., m. od. | LeCompte Fur. | eral Servi | |
| ===+=++ | V | | | | |
| | | | | campridge | , Maryland |



1 14.

Acta-

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

| | | TOR WILDIOM | Danivili | Reg. Dist. N | 0/./ |
|---|-----------------------------------|--|--|---|---------------------------|
| 1. PLACE OF DEATH- | | | 2. USUAL RESIDENCE (| HOME) OF DECEASED. | |
| Dorches | | MARYLAND | STATE Maryla | | fester |
| OR give nearest town) | write RURAL | and LENGTH OF STAY | CITY (If outside corpor OR | rate limits, write RURAL and g | ive nearest town) |
| _ TOWN Cambrid | dge | entire life | TOWN Cambri | dge | |
| HOSPITAL OR INSTITUTION OR | | | STREET ADDRESS | (If rural, give location) | |
| STREET ADDRESS Rear | of 129 | Race St., | ADDRESS Rear | of 129 Race St | |
| 3. NAME OF (First DECEASED | :) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Lee | | Richard | Willey | DEATH March | 21 195 |
| 5. SEX 6. COLOR O | | SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) VIQ OWCQ | 8. DATE OF BIRTH | 9. AGE last birthday If unde | r I year If under 24 hr |
| Male Whit | cind of work 10 | (Specify) WIQOWEQ | Dec, 20, 1894 | yrs. | |
| done during most of working life, ever | n if retired) I | NDUSTRY | Cambridge | or foreign country) | COUNTRY? |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | 9.0. |
| Edward Wil | ley | | Ida Carrol | | |
| 15. WAS DECRASED EVER IN IIS AD | MED FORCEU? | | 17. INFORMANT AND A | | |
| (Yes. no, or unknown) (If yes, give we service) | 10 784 | 1 | Elsie Wright | ,311 Willis St | ., Camb., Mo |
| | | 18. MEDICAL CE | | | 1 |
| I. DISEASES OR CONDITIONS D | PIRECTLY LEA | DING TO DEATH | | | INTERVAL BETWEEN |
| | | Voronary occ | lucion | | |
| Immediate cause | (a) | voronary occ | TUSTOII | 10000000 -0000-0000000 ETANG | |
| Antecedent cause(s) | | | | | |
| Diseases or conditions, if an | y, (b) | ++++++++++++++++++++++++++++++++++++++ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 00 400 vbre * 100 01000 100 041 a 111 100 100 100 100 100 100 100 100 | |
| stating the underlying cause | last | | | | |
| | (e) | | | | 1 |
| OTHER SIGNIFICANT CONDI Conditions contributing to the deal related to the disease or condition | th hut not | | | | |
| 19a. DATE OF OPERATION 19b | . MAJOR FINI | DINGS OF OPERATION | | | 1 20. AUTOPSY1 |
| | | | | | |
| 21. EXTERNAL CAUSE WAS | PLACE | (Home, farm, factory, street, | (CITY OR | TOWN) (COUNTY | Yes No (STATE) |
| PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | G OF OF INJURY | flice bldg., etc.) | | (000:112 | , (511112) |
| TIME (Month) (Day) (Year) | (Hour) IN | JURY OCCURRED | HOW DID INJURY OC | CUR? | |
| INJURY | | nile at Not while ork at work | | | |
| 22 I contife that I took shape | £ 12 | J | | | |
| 22. I certify that I took charge of obtained by said Autopsy, In | oj ine remains ispection or In | aescrived above, neld an A | utopsy , Inspection | Inquiry thereon and | from the evidence |
| Trans nonigraticanises v a | accident [], s | suicide homicide | undetermined | a doore, and acuth in my | opinion resuited |
| | mor | (Degree of birle) | ambridge, Md. | | DATE SIGNED |
| | | niner Dorches | amoriage, Ma | • | 3/22/51 |
| 23. BURIAL CREMATION DAT | E THEREOF | I NAME OF CEMETER | OUL COMMATORY IT | LOCATION (City, town, or cour | (6)4-1 |
| TO 100 8 () 12 WT (() | ar, 23, 'S | Dorchagter | Mamania? | I Carried City, town, or cour | oty) (State) |
| DATE REC'D BY LOCAL REG | ISTRAR'S SIG | | Memorial Par | k Cambridge, Ma | ADDRESS |
| 3 REG. 3 /5/ | | Le, gr., most. | Kenneth R.T | homas, Cambridg | ADDRESS |
| | | () | 1201110 012 110 1 | tromas, oamor lug | , C , MUL. |

TSE OF IN SECONDARY